

## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/1/2014	12/31/2014

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

U.S. E. & C. OFFICE OF COMPL. & ENFORCEMENT

NO Discharge

JAN 21 2015

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.0	11.0	°C	31	1/MO.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	°C		1/MO.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mL/L		3/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
		NUMBER		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

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MM/DD/YYYY	MM/DD/YYYY
12/1/2014	12/31/2014

DMR Mailing ZIP CODE: 83707

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(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.7		*****	*****	*****	*****		Y MO.	MEAS.
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY
GARY BYRNE - FISH PROD SUP				208 588 2219	12/13/15

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE:

MINOR

(SUBR 06)

FACILITY TOTAL

Sum



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.0	11.0	°C	30	Y/MO	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	°C		Y/MO	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mL/L		3/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	208 588 2219
			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2014	11/30/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐U.S. DEPARTMENT OF THE ARMY  
OFFICE OF THE DISTRICT ENGINEER  
BOISE, IDAHO

NO DISCHARGE

NO DISCHARGE

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/4R	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/4R	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/4R	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/4R	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/4R	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.1		*****	*****	*****	*****		1 MO.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			208 598 2219	12/15/14
			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKAY F  
 ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS  
 LOCATION: 4848 NORTH 5600 WEST  
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE:

83707

MINOR


(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	°C		Y mo.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1	°C		Y mo.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.0	<2.0	mg/L		3/4R	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.0	<2.0	mg/L		3/4R	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.0	<2.0	mg/L		3/4R	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<2.0	mg/L		3/4R	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	*****	ML/L		3/4R	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

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TYPED OR PRINTED			AREA Code	NUMBER
GARY BYRNE - FISH PROD SUP.			208 568 2219	11/18/14

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MM/DD/YYYY	MM/DD/YYYY
10/1/2014	10/31/2014

DMR Mailing ZIP CODE:

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(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

NOV 21 2014

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.017	0.017	mg/L		3/4R	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.006	0.006	mg/L		3/4R	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.011	0.011	mg/L		3/4R	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/4R	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/4R	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.8	cfs	*****	*****	*****	*****		1/mo.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED GARY BYRNE - FISH PROD SUP		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Robert Hoover		11/18/14
				MM/DD/YYYY
		AREA Code	NUMBER	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030

PERMIT NUMBER

SUM-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

9/1/2014

MM/DD/YYYY

9/30/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	OC		Y/MO.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1	OC		Y/MO.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	MG/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	MG/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	MG/L		3/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	MG/L		3/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	*****	ML/L		3/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

GARY BYRNE - FISH PROD

TYPED OR PRINTED

Robert Hoadley

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR  
AUTHORIZED AGENT

TELEPHONE

DATE

208 588 7019

10/21/14

AREA Code

NUMBER

MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKAY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
9/1/2014	9/30/2014

DMR Mailing ZIP CODE: 83707

MINOR


(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	18.7	cfs	*****	*****	*****	*****		1 MO.	MEAS.
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
GARY BYRNE-PROD. MGR TYPED OR PRINTED			208 588 2419 AREA Code NUMBER	10/20/14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2014	8/31/2014

DMR Mailing ZIP CODE:

83707

MINOR


(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.0	11.0	°C		Ymo.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	°C		Ymo.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	*****	mL/L		3/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY
GARY BYRNE - PROD SUP.			208 5882219	09/11/14	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2014	8/31/2014

DMR Mailing ZIP CODE:

83707

MINOR


(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	MO/L		3/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	MG/L		3/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	MG/L		3/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	MG/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	MG/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	20.4	cfs	*****	*****	*****	*****		1/mo.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			208 5862219	09/11/14
			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2014	7/31/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)


FACILITY TOTAL

Sum

No Discharge ☐

AUG 18 2014

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.4	11.4	°C	31	1/MO.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	°C		1/MO.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	MG/L		3/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	MG/L		3/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	MG/L		3/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	MG/L		3/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	*****	ML/L		3/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY
GARY BYRNE - FISH PROD MGR			208 588 2219	08/15/14	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

JTC digital



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2014	7/31/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

AUG 18 2014

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	22.7		*****	*****	*****	*****		1/MO	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		208 588 2219		08/15/14
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F  
 ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS  
 LOCATION: 4848 NORTH 5600 WEST  
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2014	6/30/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)


FACILITY TOTAL

Sum

JUL 2 1 2014

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	°C		1/MO	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1	°C	30	1/MO	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	*****	ML/L		2/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			208 588 2219	07/17/14
			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F  
 ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS  
 LOCATION: 4848 NORTH 5600 WEST  
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030

PERMIT NUMBER

SUM-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

6/1/2014

MM/DD/YYYY

6/30/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/4R	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/4R	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/4R	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	N/A	mg/L		4/4R	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/4R	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	22.7		*****	*****	*****	*****		1/mo	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Robert Hoover	TELEPHONE		DATE	
TYPED OR PRINTED GARY BYRNE - FISH PROD MGR			AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2014	5/31/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

JUN 1 8 2014

OFFICE OF COORDINATOR OF DISCHARGE MONITORING

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	°C		YMD	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1	°C	31	YMD	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	N/A	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mL/L		3/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
GARY BYRNE- FISH PROD. MGR		208 588 2219	06/16/14

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2014	5/31/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

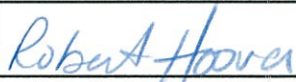
FACILITY TOTAL

Sum

No Discharge ☐

JUN 18 2014

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/4R	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/4R	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/4R	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/4R	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/4R	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	20.0		*****	*****	*****	*****		1/MO.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2014	4/30/2014

DMR Mailing ZIP CODE: 83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	°C		1/mo	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1	°C	30	1/mo	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.0	<2.0	mg/L		2/yr	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.0	<2.0	mg/L		2/yr	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.0	<2.0	mg/L		2/yr	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	<2.0	<2.0	mg/L		2/yr	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	5 DAILY MX	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.1	*****	mg/L		2/yr	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
GARY BYRNE - FISH PROD. SUP.		2085882219	05/16/14
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.

ICIS  
5/1/14



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2014	4/30/2014

DMR Mailing ZIP CODE:

83707

MINOR


(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.024	0.024	mg/L		2/YR	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.013	0.013	mg/L		2/YR	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.011	0.011	mg/L		2/YR	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO <sub>3</sub> ]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/YR	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/YR	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	16.9		*****	*****	*****	*****		1/MO	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY
GARY BYRNE - FISH PROD. SUP.			208 5882219	05/16/14	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKAY F  
 ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2014	3/31/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	°C		1/mo	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1	°C	31	1/mo	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/yr	COMP
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/yr	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/yr	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/yr	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	*****	mL/L		2/yr	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			AREA Code	NUMBER
GARY BYRNE - FISH PROD. MGR			Robert Hoover	208 588 2219

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKAY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030

PERMIT NUMBER

SUM-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

3/1/2014

MM/DD/YYYY

3/31/2014

DMR Mailing ZIP CODE:

83707

MINOR

(SUBR 06)


FACILITY TOTAL

Sum

APR 2 1 2014

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/4R	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/4R	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/4R	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/4R	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/4R	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	20.7		*****	*****	*****	*****		1/mo.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F  
 ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS  
 LOCATION: 4848 NORTH 5600 WEST  
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030

PERMIT NUMBER

SUM-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

2/1/2014

MM/DD/YYYY

2/28/2014

DMR Mailing ZIP CODE:

83707

MINOR


(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	11.1	°C	28	Y/MO.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	°C		Y/MO.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/YR	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	ml/L		3/YR	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	ml/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			200 5882219	02/14/14
				AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKAY F  
 ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
 BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
 MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2014	2/28/2014

DMR Mailing ZIP CODE: 83707

MINOR


(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/yr	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/yr	COMP
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/yr	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		4/yr	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/yr	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	19.9		*****	*****	*****	*****		1/mon.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY
GARY BYRNE - FISH PROD MGR			208 588 2219	02/14/14	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKAY F

ADDRESS: 600 SOUTH WALNUT STREET, BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030

PERMIT NUMBER

SUM-A

DISCHARGE NUMBER

## MONITORING PERIOD

MM/DD/YYYY

1/1/2014

MM/DD/YYYY

1/31/2014

DMR Mailing ZIP CODE:

83707

MINOR


(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.0	11.0	°C	31	1/mo.	METER
00010 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	19 DAILY AV	22 INST MAX	deg C		Monthly	METER
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	°C		1/mo.	METER
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	9 DAILY AV	13 INST MAX	deg C		Monthly	METER
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/yr	COMP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/yr	COMP
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/yr	CALC
00530 O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	2 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		3/yr	CALC
00530 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Twice Per Year	CALCTD
Solids, settleable	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	*****	mL/L		3/yr	CALC
00545 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AV	*****	mL/L		Twice Per Year	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
GARY BYRNE - FISH PROD MGR. TYPED OR PRINTED			208 5882219	3/14/14	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.



## DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: IDAHO DEPARTMENT OF FISH AND GAME/MACKEY F

ADDRESS: 600 SOUTH WALNUT STREET BOX 65  
BOISE, ID 83707

FACILITY: IDAHO DEPARTMENT OF FISH AND GAME - MACKAY STATE FIS

LOCATION: 4848 NORTH 5600 WEST  
MACKAY, ID 83251

ATTN: GARY BYRNE, PROD SUPERVISOR

IDG130030	SUM-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2014	1/31/2014

DMR Mailing ZIP CODE:

83707

MINOR

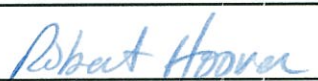
(SUBR 06)

FACILITY TOTAL

Sum

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/4R	COMP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/4R	CALC
00665 2 0 Effluent Net	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.16 DAILY MX	mg/L		Twice Per Year	CALCTD
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	N/A	N/A	mg/L		2/4R	COMP
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Twice Per Year	COMPOS
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/1R	COMP
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A	mg/L		4/1R	COMP
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	18.7		*****	*****	*****	*****		1/mo.	MEAS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	cfs	*****	*****	*****	*****		Monthly	MEASRD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY
GARY BYRNE - FISH PROD MGR			2085882219	2/14/14	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE INSTRUCTION SHEET ACCOMPANYING DMR.